

**LOCAL BANKRUPTCY FORM 1007-1(c)**

**IN THE UNITED STATES BANKRUPTCY COURT  
FOR THE MIDDLE DISTRICT OF PENNSYLVANIA**

**IN RE:**

Christine Ackerman

**CHAPTER** 13

**CASE NO.** 5 - 17 -bk- 00456

**Debtor(s)**

**CERTIFICATION OF NO PAYMENT ADVICES  
pursuant to 11 U.S.C. § 521(a)(1)(B)(iv)**

I, Christine Ackerman, hereby certify that within sixty (60) days before the date of filing the above-captioned bankruptcy petition, I did not receive payment advices (e.g. "pay stubs"), as contemplated by 11 U.S.C. § 521(a)(1)(B)(iv), **from any source of employment**. I further certify that I received no payment advices during that period because:

- ☐ I have been unable to work due to a disability throughout the sixty (60) days immediately preceding the date of the above-captioned petition.
- ☐ I have received no regular income other than Social Security payments throughout the sixty (60) days immediately preceding the date of the above-captioned petition.
- ☐ My sole source of regular employment income throughout the sixty (60) days immediately preceding the date of the above-captioned petition has been through self-employment from which I do not receive evidence of wages or a salary at fixed intervals.
- ☒ I have been unemployed throughout the sixty (60) days immediately preceding the date of the above-captioned petition.
- ☐ I did not receive payment advices due to factors other than those listed above. (Please explain)

I certify under penalty of perjury that the information provided in this certification is true and correct to the best of my knowledge and belief.

DATE: March 13, 2017

/s/ Christine Ackerman

Debtor

Joint Debtor